PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0:51-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE illection of information unless it displays a valid OMB contro number. are required to respond to a Under the Panerwork Reduction Act of 1995, no person Application Number 09/837,687 Filing Date April 18, 2001 TRANSMITTAL First Named Inventor Paolo Palmas et al. **FORM** Art Unit 1764 Examiner Name Alexa A. Doroshenk (to be used for ell correspondence after initial filing) Attorney Docket Number 105345 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) **[**] Petition Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** -- Credit Card Payment Form (PTO-2038) Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name UOP LLC Signature Printed name James/C. Paschall Reg. No. Date 36,887 October 6, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 450 on the date shown below: Signature Date October 6, 2005 Geralyn M. McFadden Typed or printed name

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PTO/SB/17 (12-04)
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Under the Panerwork Reduction	Act of 1895	no nemons are required to	respond to a collection of			d OMB con	imi number
Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application Numbe	r 09/837,6	09/837,687		
FEE TRANSMITTAL For FY 2005			Filing Date	April 18,	April 18, 2001		
			First Named Invent		Paolo Palmas et al.		
			Examiner Name	Alexa A	Alexa A. Doroshenk		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1764	1764		
TOTAL AMOUNT OF PAYMENT (\$) 120			Attorney Docket No	o. 105345	105345		
METHOD OF PAYMENT (check all that apply)							
Check X Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17							
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FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND	EXAMINATION FEE	3				
,	FILING	FEES SE	ARCH FEES 1	NOITANIMAXE	N FEES <u>Entity</u>		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)		2 (\$)	Fees Pal	d (\$)
Utility	300	150 50	0 250	200 10	. 0		
Design	200	100 10	0 50	130 6	i5 -		
Plant	200	100 30	0 150	160 8	30 -		
Reissue	300	150 50	0 250	600 30	XO -		
Provisional	200		0 0	0	0 -		
2. EXCESS CLAIM FEE		100					mall Entity
Fee Description					.4	Fee (\$) 50	Fee (\$) 25
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180							
Each independent claim of Multiple dependent claim	over 3 or, 1	or Reissues, each mo	ependent claim mor	c man in mo	. 18 mar	360	180
	ee Paid (\$)	Multiple Dependent Claims					
- 20 or HP =	Extra Claim	x \$50 □ _		Fee (\$)	Fee Paid	<u>(\$)</u>	
HP = highest number of total of indep. Claims	ctaims paid fo Extra Claim	r, if greater than 20 is <u>Fee (\$)</u> <u>F</u>	ee Pald (\$)				
- 3 or HP =		x <u>\$200</u> = _					
HP = highest number of indep		s paid for, if greater than 3					19
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra She		<u>each additional 50 or</u>	fraction thereo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fee	Paid (\$)
- 100 =		/50 =	(round up to a wi	nole number) >		_•	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Fee Code 1251 (Extension for response within first month) \$120							
SUBMITTED BY		1					
Signature	0	1-1-1	Registration No. (Attorney/Agent)	36,887	Telephone	(847) 39	1-2355
Name (Print/Tyne) James	A Pascha		(Autholito)/Again/		Date Octo	ber 6, 20)05

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